



Authorised Entity Application Form

APPLICATION TO BE AN ENTITY AUTHORISED BY CILEx REGULATION TO CONDUCT LEGAL SERVICES

This is an application to be an Authorised Entity for:

Please tick (✓)

Probate Practice	
Reserved Instrument Activities (Conveyancing)	
Criminal Litigation and Advocacy	
Civil Litigation with Judge Room Advocacy	
Civil Litigation and Advocacy	
Family Litigation with Judge Room Advocacy	
Family Litigation and Advocacy	
Immigration Practice	

You should complete this application either using a word processor or in black ink using block capitals.

In completing this form you should refer to the guidance in the Entity Authorisation Handbook.

This application is in two parts. This part relates to the information required on the Applicant Entity.

In addition, at least one member of the Applicant Entity's management team listed in Question 15 must complete an application form to become an Approved Manager in each area ticked above.

At least one member of the Applicant Entity's management team listed in Question 15 must complete an application form to become a Compliance Manager in the areas of Practice Management and Accounts Management.

Please confirm the name of the person undertaking the role of Compliance Manager below, who will be the main contact during the application process:

INFORMATION ON THE APPLICANT ENTITY

You should use this form to apply for your business (described in this form as an Applicant Entity) to be authorised by CILEx Regulation. Once authorised by CILEx Regulation, an Applicant Entity will become known as an Authorised Entity.

PART ONE: APPLICANT ENTITY CONTACT DETAILS

1) Applicant Entity Name:

2) Applicant Entity Address (state address of Head Office if more than one office and provide details of any branch offices below):

Primary Contact at Firm:

Applicant Entity Telephone Number:

Applicant Entity Mobile Number:

Applicant Entity Email address:

Applicant Entity Website:

Branch Offices

Entity Address:

Entity Telephone Number:

PART TWO: STRUCTURE OF APPLICANT ENTITY

3) Type of Entity:

Sole Trader ☐ Partnership ☐ LLP ☐ Limited Company ☐

4) Company Number (if applicable, i.e. Ltd. Co. or LLP):

6) Date company formed or to be formed:

5) Any other trading names used or to be used by your entity?

YES NO

If **YES** please provide details, including the business rationale for their use:

7) Are your premises owned or leased?

Owned by practising firm Owned outside of practising firm Leased

If leased please state the length of the lease/commercial arrangement:

PART THREE: APPLICANT ENTITY LEGAL ACTIVITIES

8) Are any Reserved or Regulated Legal Activity or Legal Activities carried out by your entity (or to be carried out if not yet begun trading)?

YES NO

If **YES**, please tick relevant areas:

Conveyancing ☐ Probate ☐ Litigation - Civil ☐ Litigation – Criminal ☐

Litigation – Family ☐ Immigration Advice/Services ☐

9) Indicate the types of client you are or anticipate working with:

Natural Person (Not Legal Aid) ☐ Natural Person (Legal Aid) ☐

Small and Medium Enterprises, Charities ☐ Larger Companies & Charities ☐ Government ☐

- 10) Estimate the percentage of gross fee income carried out in the last financial year for each type of legal service undertaken (or to be undertaken if yet to commence trading), by your entity.

Put a tick under the heading entitled 'More than 50% Vulnerable Clients' for each legal service undertaken where you would estimate that the majority of clients would meet the following definition of client vulnerability:

"A consumer or client is to be regarded as a vulnerable consumer or vulnerable client if, in obtaining or seeking to obtain legal services, they are at risk of encountering difficulties arising from any specific or general limitations as to their: physical abilities, sensory abilities, cognitive abilities, linguistic abilities, geographic location, economic resources or any combination of these."

Type of Legal Service	% Estimate of Gross Fee Income		More than 50% Vulnerable Clients	Type of Legal Service	% Estimate of Gross Fee Income	More than 50% Vulnerable Clients
Crime				Consumer Problems		
Personal Injury				Welfare & Benefits		
Wills*				Civil Liberties		
Trusts*				Corporate Taxation		
Probate & Estate Administration*				Intellectual Property Rights		
Conveyancing - Residential*				Corporate Finance & Structuring		
Conveyancing - Commercial*						
Family				Debt		
Landlord & Tenant incl. Planning				Other Business Affairs		
Employment (excl. work injuries)				Negligence		
Immigration & Asylum*						
National Insurance details, Visa Application*						

*If your total Gross Fee Income is more than 30% in each grouped Type of Legal Service, then try to breakdown this figure by the specific types. If less, then a total figure is acceptable.

- 11) Does any one client generate more than 15% of the fees your entity earned per annum?

YES NO

If **YES** please provide details of each client above 15% including % generated:

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12) Is any work of your entity sub-contracted to another entity or organisation?

YES NO

If **YES** please provide details below:

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13) State the number of Open Matters your Entity has on date of application.

14) State the number of Closed Matters your Entity has had in the six months prior to the date of application.

PART FOUR: MANAGEMENT & STAFF

15) List the name and role, and respective shareholding if applicable, of each director/partner/member (referred to as 'Manager' in this form). Show under the heading 'Authorised Legal Activity' if each manager is an authorised person and which legal activity or activities that manager is authorised to carry out (i.e. a person authorised to conduct reserved legal activities):

[illegible]

16) If the Entity is not wholly owned by the Manager(s) describe the amount and nature of any external ownership below (**IMPORTANT - if you are carrying out or proposing to carry out reserved activities and have any external ownership, please contact CILEx Regulation before proceeding further with the application**).

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- 17) Have there been any changes in the management or ownership of the Entity in the two years preceding the date of this application?

YES NO

If **YES** please provide details including names, positions held, shareholding/ownership, reason for change and dates they left below:

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- 18) If any of the Managers listed in Q15 have any separate businesses, please provide details below:

Name and Address of Business	Business Activity or Activities

- 19) List the name, status and professional qualification (if qualified) of all members of staff in your entity below (excluding the managers detailed in the response to Q15) or attach a current list of staff which includes this information:

Name	Job Title	Professional Qualification	Fee Earner Y/N	Area of Law Practising

- 20) If any of the Managers or staff have left the Entity within the last 12 months please provide the name and job title of the individuals below:

Name	Job Title

- 21) Confirm the name(s) of the Manager(s) or member(s) of staff currently employed who have received training in practice management and the state qualification/training they have obtained:

Name	Qualification/Training Obtained

- 22) Confirm the name(s) of the Manager(s) or member(s) of staff currently employed who have received training in accounts and/or legal accounts management and the state qualification/training they have obtained:

Name	Qualification/Training Obtained

PART FIVE: FITNESS TO OWN/REGULATORY ARRANGEMENTS

Note: You should refer to the information shown in the new CILEx Investigation, Disciplinary and Appeals Rules when answering questions 23 to 29 below.

- 23) Has the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) been the subject of a resolution for voluntary winding-up passed without a declaration of solvency under Section 89 of the Insolvency Act 1986?

YES NO

- 24) Has the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) ever entered administration within the meaning of paragraph 1(2)(b) of Schedule B1 to that Act?

YES NO

- 25) Has the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) had an administrative receiver within the meaning of section 251 of the Act appointed?

YES NO

- 26) Has the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) been the subject of a meeting of its creditors under section 95 of that Act?

YES NO

- 27) Has an order for the winding up of the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) been made?

YES NO

- 28) Has a civil judgement been made against the Entity applying to be authorised, or any related business (i.e. parent/subsidiary)?

YES NO

- 29) Has the Entity applying to be authorised, or any related business (i.e. parent/subsidiary) been the subject of any investigation or proceedings conducted by any regulatory or professional body?

YES NO

If the Entity is undertaking or proposing to undertake conveyancing activities please answer the following question. If not, go to Q31.

- 30) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) been refused membership of any lenders' panels or had its membership of any such panel suspended or terminated?

YES NO

If **YES** please provide details:

- 31) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) been regulated by another legal services regulator?

YES NO

If **YES** please provide details. Your response should include whether the authorisation is still in force with the other regulatory body and if not, please give the reasons why:

- 32) Declare any incidents within the last three years in which the Entity or any manager within the business has acted (or not acted) in such a way which required the payment of compensation of more than £1,000 by this Entity or a regulatory Compensation Fund. (State 'None' if there were no payments or no compensation claims).

PART SIX: PROFESSIONAL INDEMNITY INSURANCE

33) Does the Applicant Entity have professional indemnity cover?

YES ☐ NO ☐

34) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) ever been refused professional indemnity cover?

YES ☐ NO ☐

If **YES** please provide brief details below:

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35) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) received any professional indemnity insurance (PII) claims (or reported to its insurers any potential claims) in relation to any activity conducted in the course of its operation within the last 5 years up to the date of this application?

YES ☐ NO ☐

If **YES** please provide details below including the date of the event causing the claim/potential claim, the date of claim where applicable, area of law, and the amount paid or likely to be paid by the insurance company.

[illegible]

36) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) been the subject of any litigation proceedings within the last 5 years?

YES ☐ NO ☐

If **YES** please provide details below:

PART SEVEN: CONSUMER SERVICE

- 37) Does your entity seek feedback from clients on the services it provides through Feedback Questionnaires used?

YES ☐ NO ☐

If **YES** please describe how they are used and the nature of any analysis/learning undertaken from the results of the Feedback

- 38) Has the Entity applying to be authorised or any related business (i.e. parent/subsidiary) received any complaints in relation to any activity conducted in the course of its operation within the last 12 months up to the date of this application?

YES ☐ NO ☐

If **YES** please provide details below including the date of the complaint, reason(s) for the complaint (e.g. delay, lack of costs information) area of law, how it was resolved (e.g. if compensation provided please state amount) or if not resolved whether resolution remains ongoing; and state whether the complaint was resolved with the involvement of the Legal Ombudsman (LeO), by answering 'YES' or 'NO' as appropriate.

Date of Complaint	Reason(s)	Area of Law	How Resolved (or Ongoing)	LeO Involved?

PART EIGHT: SYSTEMS AND PROCEDURES

- 39) Has the Applicant Entity gained any quality standard awards or memberships? **Note:** This will include the Legal Services Commission Specialist Quality Mark (SQM)

YES ☐ NO ☐

If **YES** please provide details below including whether the standard applies to all of the business or only part of it (e.g. restricted to just publicly-funded works or particular activity areas):

- 40) Does your Entity have any documented case management systems or file management/file review procedures in operation?

YES ☐ NO ☐

If **YES**, please summarise how the system and/or reviews operate including the frequency of review, the number of files reviewed and who conducts reviews:

- 41) Does your Entity have any diary systems (include backup procedures) in place?

YES ☐ NO ☐

If **YES**, please explain how these systems operate:

- 42) Summarise any procedures your Entity has in place for identifying and addressing conflicts of interest:

- 43) Are file notes, including notes of telephone calls, made?

YES ☐ NO ☐

- 44) Summarise arrangements in place for the following:

Record Keeping/File Storage:

Building Security:

IT Security & Backup Procedures:

Data Protection Act Compliance:

Business Continuity and Succession Planning

(including what happens to client files if you are not able to work?):

PART NINE: CLIENT ACCOUNTS

45) Does the Applicant Entity deal with client money?

YES ☐ NO ☐

46) How does your Entity hold its client money?

A Single Client Account ☐ Designated Clients' Accounts ☐ Umbrella Account ☐

Fixed-term Deposits ☐

47) State the approximate value of client money your entity dealt with during the past year up to the date of the application:

Under £10k ☐ Between £10k - £99,999k ☐ Between £100k - £500k ☐

More than £500k ☐

48) Are you interested in holding client money in an escrow* account authorised by CILEx Regulation?

YES ☐ NO ☐

***Note:** An escrow account is a bank account which will be maintained by a third party regulated by the Financial Conduct Authority and approved by CILEx Regulation.

Reduced application and regulatory fees are paid by Entities that do not operate a client account, or hold client money through an escrow account.

Further information on the advantages of using an escrow account and the fees associated with its administration will be available from CILEx Regulation in the future.

PART TEN: FINANCIAL

Answer the following questions in addition to providing the documents we have requested in the guidance to this application which are:

- *Business Plan.*
- *Copies of your bank statements for the 3 months prior to the date of this application for all accounts held.*
- *Annual Business Accounts for the last 3 complete years (unless the business has traded for less than 3 years). If the Business has not traded a forecast is required for the first year of trading.*
- *A copy of each Accountants Report submitted for the last 3 years (if previously regulated by another legal services regulator).*
- *A copy of the latest annual budget for the business (or forecast/cashflow as appropriate).*
- *A copy of the latest monthly management accounts.*
- *A list of your outstanding bills (the monies owed to the business).*

49) Provide the name and address of your Business Accountant/Auditor:

50) Provide the name and address of your Bank:

51) Provide details of any bank borrowing facilities your entity has, including overdraft limits and renewal dates:

Type of Facility	Limit £	Renewal Date

52) Confirm that all tax payments due to be paid are up to date and/or provide details of any arrangements you or your entity has for payment with the Inland Revenue:

- 53) Provide details of how capital accounts/partners accounts in your entity have been funded i.e. any partners' loans including amounts and potential renewal dates etc:

- 54) Outline the system your entity has in place for maintaining accounting records. If a computerised accounts software is used provide the name of the accounts software package and a summary of how it operates.

- 55) Confirm the names of the signatories on your Bank account(s) below:

Name	Office	Client	Signs jointly

- 56) Please provide the total fee income for a) the last financial year and b) the year to date and c) projected fee income for the coming year.

a)

b)

c)

- 57) State the reason(s) why your business is applying to become authorised and regulated by CILEx Regulation?

DECLARATION AND UNDERTAKINGS

I/we confirm this information is true, accurate and complete, and that all material information has been included.

I/we can confirm that the Applicant Entity has the appropriate compliance arrangements in place to meet its regulatory obligations.

I/we understand CILEx Regulation is entitled to seek verification from any party where necessary and appropriate, including but not limited to clients, staff, government departments, other regulatory bodies and previous insurers. Unless considered to be inappropriate, CILEx Regulation will notify the Applicant Entity in advance of any such verification approach being sought.

I/we agree to notify CILEx Regulation within 7 days should any of the information in this application change.

I/we understand that any misrepresentation or failure to reveal information or grant any authorisation requested may be deemed to be sufficient cause for the refusal of this application for authorisation.

If this application for authorisation is approved I/we confirm that the Authorised Entity will:

- (i) Provide CILEx Regulation with any information it requires to fulfil its regulatory duties
- (ii) Comply with any monitoring and inspection visits undertaken by CILEx Regulation

I/we understand that once registered as an Authorised Entity I/we shall be bound by the Charter Bye-laws, the bye-laws and all other regulations of CILEx for the time being in force, including the CILEx Code of Conduct, Practice Management Agreement, and supporting guides to good practice.

All the Managers must sign the following declaration. The details of each Manager must also be provided in the Approved Manager application.

I/we enclose the application fee.

Data Protection Act: Approved Managers' names, and those of their employers, will be published in the Directory of Entities on the CILEx Regulation website and in other directories which provide information about law firms and lawyers.

Information you (the applicant Entity) provide on this form in relation to Managers may amount to personal data.

The personal data you provide to CILEx or CILEx Regulation will be used by them to consider this application and to enable them to meet their obligations as a professional body and Approved Regulator under the Legal Services Act 2007. We may also share relevant personal data with approved publishers of legal directories and suppliers of membership benefit products, but you or the manager concerned may ask us not to do so by contacting CILEx Regulation on 01234 845770 or emailing info@cilexregulation.org.uk.

In addition to publishing basic information about Authorised Entities, Approved Managers and Compliance Managers on our own website and providing that information to other approved publishers of legal directories, we provide it in a publicly available database where third parties, including operators of comparison websites and other commercial organisations, may access it in reusable form and republish it, alone or in combination with other information. **If your manager(s) agree(s) to the inclusion of their details (which may include any publishable disciplinary information) in this database, please tick:** ☐

More information about the use we may make of your data is given in our privacy statement at cilexregulation.org.uk. Information about disciplinary matters is only made public in accordance with the CILEx Regulation Publication Policy available at cilexregulation.org.uk.

Signed

Print Name

Position in Applicant Entity

Signed

Print Name

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Print Name

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APPLICATION CHECKLIST

Please include a copy of the following documents to support your completed application for authorisation.

	Please Tick (✓)	
	Included	Not Included
Copy of current Professional Indemnity Insurance certificate		
Business Plan		
Policies and Procedures documentation		
Anti-money Laundering avoidance and identity check procedures		
Copy of Open and Closed matter listing		
Copies of standard client care letters		
Copy of complaints handling procedure		
Copies of any fee-sharing agreements, referral arrangements and outsourcing agreements		
Copies of your bank statements for the three months prior to the date of this application for all accounts held		
Copies of the client bank account reconciliation for the last three complete months prior to the date of this application		
Annual business accounts for the last three complete years		
Copy of the latest annual budget for the business		
Copy of the latest monthly management accounts		
A list of your monies owed to the business		
Copy of each Accountants Report submitted for the last 3 years		
A copy of a Standard Disclosure and Barring Service (DBS) Check		
Other supporting documents		
Application(s) to become an Approved Manager(s) attached		
Application to become a Compliance Manager attached		
Application form fully completed and signed		
Fee enclosed		

Please email your completed application form to: info@cilexregulation.org.uk

